

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 890921	RECEIPT DATE:	08 / 07 / 01
IA NUMBER:	PCT/ US00 / 04082	IA FILING DATE:	02 / 17 / 00
FAMILY NAME:	BELL	DELAY WAIVED (Y/N):	N
GIVEN NAME:	MICHAEL DAVID	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	02 / 19 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	CM2038	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	027740	TELEPHONE 5136274812
			FAX 5136261355
NAME:	THE PROCTER & GAMBLE COMPANY		
	PATENT DIVISION		
STREET:	SHARON WOODS TECHNICAL CENTER		
	11511 REED HARTMAN HIGHWAY		
CITY:	CINCINNATI		
STATE/COUNTRY:	OH	ZIP:	45241
EMAIL:			
APPLICATION TITLES:			
	COSMETIC COMPOSITIONS		

TAB TO LAST POSITION,PUSH SEND



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WASHINGTON, D.C. 20231
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Bit Data Sheet

CONFIRMATION NO. 1887

SERIAL NUMBER 09/890,921	FILING DATE 08/07/2001 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. CM2038
APPLICANTS Michael David Bell, Crowthorne, GBN, UNITED KINGDOM; Richard George Albert Rolls, Feltham, GBN, UNITED KINGDOM; Russell Philip Elliott, Egham, GBN, UNITED KINGDOM; Roland Philip Duke, Wokingham, GBN, UNITED KINGDOM;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/US00/04082 02/17/2000				
** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9903925.7 02/19/1999				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>		STATE OR COUNTRY GBN	SHEETS DRAWING	TOTAL CLAIMS 14 INDEPENDENT CLAIMS 1
ADDRESS 27740				
TITLE Cosmetic compositions				
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	